PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEME	ENT FO	R SCHOOL	BUS TRANSPORT	TATION:	
This claim	is for the period beginning	·		_, 20	_ and ending _		, 20	
		month	day			month	day	
CERTIFI	CATION:							
The inform	nation on this form is comp	lete and accurate to t	he best of my	knowledg	е.			
Date		Signature, Chair, Boa	rd of Trustees					
County:		District:					District Level:	

09 Custer 0172 Miles City Elem **Elementary** District Route Miles Rate Days Bus Driver's Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 3 100 1 70 0.95 47 08/22/05 100 4 40 08/22/05 1 0.95 16

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09 Custer

Percentage

100

District

#

63

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0187 Kinsey Elem

Miles

Per Day

112.4

Rate

Per Mile

1.57

Route

#

5

School District Claim for State Reimbursement for School Bus Transportation

Elementary

Days

Operated

State	
District	
County	

Bus Driver's

Social Security #

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent			Second Semester May 10 to County Superintendent May 24 to State Superintendent			;
COMPLE	TE THIS CLAIM FO	OR STATE REIM	BURSEMENT FO	R SCHOOL	BUS TRANSPORT	ΓATION:	
This claim	is for the period beginning	3	, 20	_ and ending		, 20	
		month	day		month	day	
CERTIFI	CATION:						
The inform	nation on this form is comp	olete and accurate to t	he best of my knowledg	e.			
Date		Signature, Chair, Boa	rd of Trustees				
County:		District:				District Level:	

Capacity

72

Inspection

08/22/05

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PI

County:

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District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPLE	ETE THIS CLAIM FO	R STATE REIM	BURSEMENT	FOR SCHOOL	BUS TRANSPORTA	ATION:	
This claim	ı is for the period beginning	month	, 20	and ending	month	, 20 day	
CERTIFI	CATION:						
The inform	mation on this form is comp	lete and accurate to t	he best of my know	ledge.	_		
Date		Signature, Chair, Boa	ard of Trustees				

09 Custer 0192 Custer County H S **High School** District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 1 100 1 119 1.15 57 08/22/05 100 2 1 98 1.15 53 08/15/05

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